

# MEADOWS AT KYLE HOA

## ARCHITECTURAL REVIEW COMMITTEE APPROVAL APPLICATION

Applicant Name: \_\_\_\_\_

Hm Ph: \_\_\_\_\_

Address: \_\_\_\_\_

Wk Ph: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Ph: \_\_\_\_\_

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### 1. Approval Requested (Please check one)

- |  |                                       |   |
|--|---------------------------------------|---|
| <input type="checkbox"/> Fence - NEW                                   | <input type="checkbox"/> Pool or Spa  | <input type="checkbox"/> Basketball Goal      |
| <input type="checkbox"/> Deck or Patio                                 | <input type="checkbox"/> Irrigation   | <input type="checkbox"/> Satellite Dish       |
| <input type="checkbox"/> Rain Barrel                                   | <input type="checkbox"/> Solar Panels | <input type="checkbox"/> Play scape or Gazebo |
| <input type="checkbox"/> Landscape, Xeriscape,<br>Walkways, Plant Beds | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Storage Building     |
| <input type="checkbox"/> Exterior House Painting                       |                                       |   |

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### 2. Please Describe Project - Attached additional pages, if necessary

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### 3. Provide plans and specifications to depict the work to be undertaken (Submit all, as applicable):

- A plot plan showing the location and dimensions of the existing and proposed improvements; Plans & specs; footprint of location on property survey; copy of contractor proposal, if applicable
- Structural design, exterior elevations, exterior materials, colors, textures, and shapes of all improvements to be made
- All exterior illumination including location and method of illumination - No "wash over" of lighting to adjoining property or common areas is permitted
- Existing and finished grades at lot corners and at corners of proposed improvements
- Provision for drainage with cut and fill detail if change in lot contour is involved

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### 4. Notification of Neighbors - Attach additional page, if necessary

Initials of Neighbors

Address of Neighbors within line of sight of modification

_____	_____
_____	_____
_____	_____
_____	_____

NOTE: Neighbors should be notified of your application; however, this notification does not constitute approval by the neighbor. Nor does the lack of initials by a neighbor mean that this application will be denied. Approvals are only granted by the ARC but notification of the neighbors is encouraged and will assist and possibly accelerate the review process.

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**5. Notice to Applicant:**

The authority of the Architectural Review Committee ("ARC") is derived from the Declaration of Covenants, Conditions and Restrictions ("CCRs").

**IMPORTANT: No work should be commenced until written approval is received from the ARC.**

Applicant acknowledges that all improvements must be constructed in accordance with the design guidelines contained in the CCRs in addition to any guidelines or rules adopted by the Association or ARC from time to time. All improvements must be constructed in accordance with the laws, rules, regulations, and building codes of governmental authorities having jurisdiction. Approval of this application does not constitute approval by any governmental authority, nor does it constitute a building permit.

Approval of this application does not give Applicant the right to enter upon the property of any other owner or the common area in order to perform the construction contemplated by this application.

Applicant certifies that the information contained herein is true and correct to the best knowledge and belief of Applicant.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**SUBMIT THIS APPLICATION TO:  
Meadows at Kyle Owners Association, Inc.  
c/o Goodwin Management, Inc.  
11149 Research Blvd., Suite 100  
Austin, Texas 78759  
Fax: 512-346-4873 or email to:  
**Bobby.Humphries@GoodwinTX.com****

The application will be routed to the  
Meadows at Kyle Owners Association Architectural Review Committee for consideration  
*Please allow 2-4 weeks for processing applications. If you are not contacted within 5 working days from submittal, an email follow-up to the association manager is recommended.*

***For ARC Use Only*** - \_\_\_\_\_

Signed

Print Name

\_\_\_\_\_ Application Approved Date: \_\_\_\_\_

\_\_\_\_\_ Application Approved with the following conditions: Date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Application Disapproved at this time with the following comments: Date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_